

**New Hope Christian Fellowship  
Liability Release Form  
(Release of all Claims)**

In consideration for being accepted by New Hope Christian Fellowship church for participation in all activities on or off church grounds in the year of **2010** we (I), being 21 years of age or older do for ourselves (myself) (and for and behalf of my child – participate, if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless New Hope Christian Fellowship Church and the directors thereof from and all liability, claims or demands for the personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child – participate that occur while said child is participating in the below described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child – participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, and death, activities involved therein.

Further, authorization and permission hereby given to said church to furnish and necessary transportation, food, and lodging for this participant.

The undersigned further hereby agree (s) to hold harmless and indemnify said church, its directors, employees and agents, for and liability sustained by said church in the result of the negligent, willful for intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize any one or more of the following persons (the Youth Ministries staff and volunteers) to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Specific Activity/Event: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Youth's Signature: \_\_\_\_\_

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**General Information (please print)**

Youth's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Youth's address \_\_\_\_\_

Home phone number \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone number \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Insurance Telephone Number \_\_\_\_\_

**Medical Questionnaire**

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

\_\_\_\_\_

Does your child have any allergies (including medications)? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

\_\_\_\_\_

Does your child ever sleep walk? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any physical condition or illness that would prevent him or her from participating in the regularly scheduled activities or in any other rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain) \_\_\_\_\_

\_\_\_\_\_

Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain. Be specific concerning food allergies) \_\_\_\_\_

\_\_\_\_\_